FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp Payment Form

Please print clearly.

Child's Name: _____ Parent's Name: _____

Branch Name: _____ Member ID: _____

Please note: A one-time (non-refundable) $40 registration fee applies per child. A non-refundable $5 deposit is required for all weeks your child will be attending. All final payments are due on or before the Wednesday prior to the week of camp or a late fee will be assessed.

Payment Options: (Choose 1, 2 or 3)

1. Bank Draft: Routing number_____ **Last four numbers of Account to Draft:** _____
Date of First Draft: _____ **First Draft Amount: $** _____
(A voided check or copy of a check MUST be attached)

2. Credit Card Draft: Please check which card you wish to use for your payment.

o VISA o MASTERCARD o DISCOVER o AMERICAN EXPRESS

Name (as it appears on card): _____

Billing Address for Card: _____
(Street Address) (City) (State) (Zip)

Last four numbers of Credit Card: _____ **Expiration Date:** _____

Date of First Draft: _____ **First Draft Amount: $** _____

Draft Authorization Statement: By signing below, I authorize the YMCA of Northwest North Carolina to draft the cost of my child care payment in the amount and on or about the day(s) indicated above. I understand that the bank draft will begin as stated on this authorization. If I wish to cancel the automatic bank draft or make changes to the draft account, I will complete a cancellation form or change form that is provided by the YMCA of Northwest North Carolina in the membership office. I understand that cancellations and/or account changes require a **15-day advance notice.** Any returned drafts will be collected along with applicable processing fees as funds are available in my account, which may not coincide with the above elected draft date. **I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.** Please verify your draft once it has begun. If you have questions, please call your local YMCA Branch.

Account Holder Signature: _____ **Date:**_____

3. Walk-in/Online Payment (must be made on the Wednesday prior to the week of camp the child will be attending. Online payments can be made at www.ymcanwnc.org/register).

By signing below, I understand that weekly payments are due on the Wednesday prior to the week of camp my child will be attending. I further understand that if I do not make my payment on or before the due date I will be charged a $10 late fee. I understand that cancellations and/or account changes require a **15-day advance notice.** Any returned payments will be collected along with applicable processing fees. **I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.**

Date of First payment: _____ **First payment amount: $** _____

Account Holder Signature: _____ **Date:** _____

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P 336 777 8055 **F** 336 777 6345 www.ymcanwnc.org A United Way Agency
Our Mission: "Helping people reach their God-given potential in spirit, mind and body."